

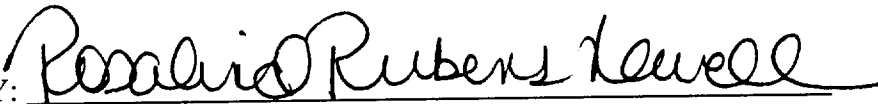
Entered - 05/02/01 - sb
CL01L0277 - DIANNE C. MITCHELL

CLAIM OF: **CELIA SLAUGHTER,**
through her insurance carrier,
Healthcare Recoveries, Inc.
P. O. Box 37440
Louisville, Kentucky 40233-7440

01- R-0806

For damages alleged to have been sustained as a result of a vehicular
accident on August 30, 2000 at 3835 Campbellton Road.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0277

Date: May 8, 2001

Claimant /Victim CELIA SLAUGHTER
BY: (Ins. Co.) Healthcare Recoveries, Inc.
Address: P. O. Box 37440, Louisville, Kentucky 40233-7440
Subrogation: X Claim for Property damage \$ _____ Bodily Injury \$ 1,096.48
Date of Notice: 10/31/00 Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 08/30/00 Place: 3835 Campbellton Road
Department Police Division: _____
Employee involved Sgt. P. G. Brooks Disciplinary Action: Written Reprimand

NATURE OF CLAIM: The driver of the City vehicle rear ended the claimant's stopped vehicle causing damages in the above amount. However, the claimant's healthcare insurer is attempting to subrogate for benefits paid on medical bills incurred due to the above accident. Pursuant to O.C.G.A. §44-12-24, the subrogation of personal injury claims is not permitted. The claimant's health insurer has been advised of the above.

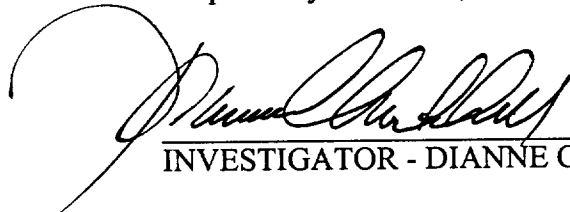
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver X Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

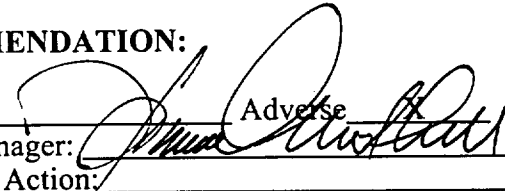
Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 05-16-01
Committee Action: _____ Council Action _____

HEALTHCARE RECOVERIES, INC.
P.O. Box 37440
Louisville, Kentucky 40233-7440
Telephone: (800)230-1013



April 24, 2001

M Mitchell
05/01/01
[Signature]

CITY OF ATLANTA POLICE
ATTN: DIANNE MITCHELL
DEPT OF LAW STE 4100
CITY HALL TOWER 68 MITCHELL ST SW
ATLANTA, GA 30305

ENTERED - 5-2-01 - SB
01L0277 - DIANNE MITCHELL

RE: Your Insured: City of Atlanta Police
Our Insured: CELIA SLAUGHTER
Health Plan: UNITED HEALTHCARE OF GEORGIA, INC.
Loss Date: 08/30/00
Our File No: IA-070442624000
Your File No:
Your Policy:

Dear Sirs:

Healthcare Recoveries, Inc. provides subrogation and/or recovery services to the above health plan. The purpose of this letter is to serve as the plan's formal notice of its contractual subrogation and/or recovery rights as set forth in its contract with its insured.

Please contact this examiner prior to settlement so that we may furnish you with a total of any further benefits paid/incurred by the Health Plan for this loss.

REMITTANCE ADVICE

File Number: IA-070442624000

Amount Enclosed: \$ _____

Member Name: CELIA SLAUGHTER

(Please include file number on your check and enclose this remittance advice)

Sincerely,

Sharon S. Cashon

Sharon S. Cashon
(800)230-1013

004643190800

*PUFW/0102 0000 IA-070442624000 LINS1 SSCA1110 1.1

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01-R-0806